

### Billing and Policy Long Term Care Bulletin 320

November 2003

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*Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.*

### **Long Term Care Reimbursement Rates: Update**

Effective for dates of service on or after August 1, 2003, reimbursement rates for the following services have changed:

- Nursing Facilities Level A (NF-A) and Level B (NF-B)
- Intermediate Care Facilities for Developmentally Disabled (ICF/DD)
- Intermediate Care Facilities for Developmentally Disabled-Habilitative (ICF/DD-H)
- Intermediate Care Facilities for Developmentally Disabled-Nursing (ICF/DD-N)
- Subacute care
- Pediatric subacute
- Unlimited swing beds

Providers should immediately begin billing the new rates. Claims reimbursed at the former rate for services rendered on or after August 1, 2003 will be reprocessed automatically. It is not necessary to rebill claims to adjust payments.

#### **NF-A and NF-B Peer Group (Billing Group) Changes**

Napa and Sonoma counties were included in the NF-A and NF-B "Bay Area" peer group (billing group) for dates of service on or after August 1, 2002. These counties were previously in the "All Other" peer group. Providers are reminded that reimbursement for Napa and Sonoma facilities is based on the rates for the Bay Area group.

#### **Leave of Absence and Bed Hold Rate Reduction**

The rate reduction for leave of absence and bed hold for acute hospitalization is \$5.05 per diem for services rendered on or after August 1, 2003.

#### **Subacute Facilities Rate Change**

Effective for dates of service on or after August 1, 2003, subacute providers will be reimbursed at: 1) The lesser of their projected costs or the maximum reimbursement rate for each category of reimbursement or 2) If they experienced a reduction in costs, the greater of their costs or their prior year's reimbursement rate, up to the maximum reimbursement rate for each category of reimbursement or up to the facility's federal upper payment limit. The Rate Development Branch will send a letter to providers informing them of their specific rates. Condition number 2 is pending approval from the Centers for Medicare and Medicaid Services (CMS).

#### **Distinct-Part Nursing Facility (DP/NF)**

The reimbursement to Distinct Part Nursing Facilities (DP/NFs) will be the lesser of their projected costs or the maximum reimbursement of \$236.82. Facilities below the maximum rate have facility-specific rates. Some of these rates were updated. The Rate Development Branch will send a letter to providers informing them of their specific rates.

*This information is reflected on manual replacement pages accom cd ltc 1 and 2 (Part 2), leave 5 and 6 (Part 2) and rate facil diem 1 thru 6 (Part 2).*

## Medi-Cal Field Office: Address Change

Effective September 22, 2003, the San Francisco Medi-Cal Field Office address has changed, as follows:

San Francisco Medi-Cal Field Office (SFMCFEO)  
575 Market Street, Suite 400  
San Francisco, CA 94105-2823

All telephone numbers remain the same. *Treatment Authorization Requests* (TARs) formerly sent to 185 Berry Street, Suite 290, should be sent to the new address. *This information is reflected on manual replacement page tar field 9 (Part 2).*

## Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Lamotrigine
Amitriptyline HCl	Lithium Carbonate
Aripiprazole	Lithium Citrate
Benzotropine Mesylate	Loxapine Succinate
Biperiden HCl	Mesoridazine Besylate
Bupropion HCl	Mirtazapine
Buspirone HCl	Molindone HCl
Carbamazepine	Nefazodone HCl
Chlorpromazine HCl	Olanzapine
Citalopram Hydrobromide	Oxcarbazepine
Clomipramine HCl	Paroxetine HCl
Clonidine HCl	Perphenazine
Clozapine	Phenelzine
Desipramine HCl	Pimozide
Diphenhydramine HCl	Quetiapine Fumarate
Divalproex Sodium	Risperidone
Donepezil HCl	Rivastigmine Tartrate
Doxepin HCl	Sertraline HCl
Escitalopram Oxalate	Thioridazine HCl
Fluoxetine HCl	Thiothixene
Fluphenazine Decanoate	Topiramate
Fluphenazine HCl	Tranlycypromine
Fluvoxamine Maleate	Trazodone HCl
Gabapentin	Trifluoperazine HCl
Haloperidol	Trihexyphenidyl HCl
Haloperidol Decanoate	Valproate Sodium
Haloperidol Lactate	Valproic Acid
Hydroxyzine HCl	Venlafaxine HCl
Imipramine HCl	Ziprasidone HCl
Isocarboxazid	

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

*Please see BIC, page 3*

**BIC** (continued)

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, “For claims payment, current BIC ID number and date of issue required.” Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, “Current BIC ID number and issue date required for payment,” the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient’s Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number must be placed on all claims.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

**CHDP Gateway: Pre-Enrollment Reminder**

Since July 1, 2003, Child Health and Disability Prevention (CHDP) program providers have been able to pre-enroll children in the Medi-Cal program using the new *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03) either on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) or through the Point of Service (POS) network. Children younger than 19 years of age who are pre-enrolled in Medi-Cal at the time of a CHDP health assessment are eligible to receive either full-scope, no-cost Medi-Cal benefits and dental coverage or CHDP and emergency Medi-Cal services for up to two months.

During a child’s CHDP health assessment visit, a provider electronically submits pre-enrollment information and receives an immediate response indicating the child’s eligibility status. An eligible child will receive coverage for up to two months (during the month of application and the subsequent month).

If a child is eligible for Medi-Cal benefits, a Benefits Identification Card (BIC) number is included in the eligibility response and the provider prints an Immediate Need Eligibility Document for the child from the Web site or POS device.

Any Medi-Cal provider can provide service to children by presenting one of the documents below. Use the BIC number that appears on the document to verify eligibility for services such as office visits, optometric exams or prescriptions.

Please see **CHDP**, page 4

## CHDP (continued)

**CHDP Gateway Pre-enrollment Application Response**

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**CHDP GATEWAY PRE-ENROLLMENT RESPONSE**

Provider Number : 22222222      Application Date/Time: 07/01/2003 9:25:56 AM

Patient's Name:      Public John Q

Date of Birth:      01/01/1988

Gender:      Male

BIC ID#:      1234567890

BIC Issue Date:      07/01/2003

Good Thru Date:      08/31/2003

You are temporarily eligible for Medi-Cal through 08/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed Joint Healthy Families/Medi-Cal application before 01/01/2003. If you do not receive the application in the mail within 10 days, call 1-800-888-5305.

Client Signature: \_\_\_\_\_

*Sample. Immediate Need Eligibility Document via Medi-Cal Web site.*

<Header Line B1>  
CAL SPENCA  
DEPARTMENT OF HEALTH SERVICES  
MEDICAL POS NETWORK  
<Header Line B2>

07/01/2003      12:04:22

TERMINAL : V123456789  
SOFTWARE : Z2ACH01

PROVIDER NUMBER: CHA123456

**CHDP GATEWAY  
PRE-ENROLLMENT  
RESPONSE**

PATIENT NAME:  
PUBLIC JOHN Q

DATE OF BIRTH:  
1988-01-01

GENDER:  
M

BIC ID#: 1234567890

ISSUE DATE:  
2003-07-01

GOOD THRU DATE:  
2003-08-31

YOU ARE TEMPORARILY ELIGIBLE FOR FULL SCOPE MEDICAL THROUGH 08/31/2003. USE THIS DOCUMENT TO ACCESS MEDICAL SERVICES UNTIL YOUR BIC ARRIVES. TO CONTINUE YOUR COVERAGE YOU MUST RETURN A COMPLETED JOINT HEALTHY FAMILIES/MEDI-CAL APPLICATION BEFORE 01/01/2003. IF YOU DO NOT RECEIVE THE APPLICATION WITHIN 10 DAYS, CALL 1-800-888-5305.

CLIENT SIGNATURE \_\_\_\_\_

<<SYSTEM MESSAGE(S) FROM >>  
== PROVIDER MAIL ==

THANK YOU  
<Footer 4>

*Sample. Immediate Need Eligibility Document via POS device.*

**Provider Assistance**

For questions regarding POS or Internet requirements, contact the POS/Internet Help Desk at 1-800-427-1295, seven days a week, from 6 a.m. to midnight.

Please refer to the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) for more information about the CHDP program. Providers who are interested in becoming CHDP providers can contact their local CHDP program. Please visit [www.dhs.ca.gov/chdp](http://www.dhs.ca.gov/chdp) for a list of local CHDP programs.

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## Instructions for Manual Replacement Pages

### Long Term Care (LTC) Bulletin 320

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November 2003

#### *Part 2*

Remove and replace:      accom cd ltc 1/2  
                                     leave 5/6  
                                     rate facil diem 1 thru 6  
                                     tar field 9/10